

indicated in the instruction under the title “Diseases of the Digestive System,” do not lend themselves to distinct and separate disability evaluations without violating the fundamental principle relating to pyramiding as outlined in § 4.14.

§ 4.114 Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

	Rat- ing
7200 Mouth, injuries of. Rate as for disfigurement and impairment of function of mastication.	
7201 Lips, injuries of. Rate as for disfigurement of face.	
7202 Tongue, loss of whole or part: With inability to communicate by speech	100
One-half or more	60
With marked speech impairment	30
7203 Esophagus, stricture of: Permitting passage of liquids only, with marked impairment of general health	80
Severe, permitting liquids only	50
Moderate	30
7204 Esophagus, spasm of (cardiospasm). If not amenable to dilation, rate as for the degree of obstruction (stricture).	
7205 Esophagus, diverticulum of, acquired. Rate as for obstruction (stricture).	
7301 Peritoneum, adhesions of: Severe; definite partial obstruction shown by X-ray, with frequent and prolonged episodes of severe colic distension, nausea or vomiting, following severe peritonitis, ruptured appendix, perforated ulcer, or operation with drainage	50
Moderately severe; partial obstruction manifested by delayed motility of barium meal and less frequent and less prolonged episodes of pain	30
Moderate; pulling pain on attempting work or aggravated by movements of the body, or occasional episodes of colic pain, nausea, constipation (perhaps alternating with diarrhea) or abdominal distension	10
Mild	0
NOTE: Ratings for adhesions will be considered when there is history of operative or other traumatic or infectious (intraabdominal) process, and at least two of the following: disturbance of motility, actual partial obstruction, reflex disturbances, presence of pain.	
7304 Ulcer, gastric.	
7305 Ulcer, duodenal:	

	Rat- ing
Severe; pain only partially relieved by standard ulcer therapy, periodic vomiting, recurrent hematemesis or melena, with manifestations of anemia and weight loss productive of definite impairment of health	60
Moderately severe; less than severe but with impairment of health manifested by anemia and weight loss; or recurrent incapacitating episodes averaging 10 days or more in duration at least four or more times a year	40
Moderate; recurring episodes of severe symptoms two or three times a year averaging 10 days in duration; or with continuous moderate manifestations	20
Mild; with recurring symptoms once or twice yearly	10
7306 Ulcer, marginal (gastrojejunal): Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, recurring melena or hematemesis, and weight loss. Totally incapacitating	100
Severe; same as pronounced with less pronounced and less continuous symptoms with definite impairment of health	60
Moderately severe; intercurrent episodes of abdominal pain at least once a month partially or completely relieved by ulcer therapy, mild and transient episodes of vomiting or melena	40
Moderate; with episodes of recurring symptoms several times a year	20
Mild; with brief episodes of recurring symptoms once or twice yearly	10
7307 Gastritis, hypertrophic (identified by gastro-scope): Chronic; with severe hemorrhages, or large ulcerated or eroded areas	60
Chronic; with multiple small eroded or ulcerated areas, and symptoms	30
Chronic; with small nodular lesions, and symptoms	10
Gastritis, atrophic. A complication of a number of diseases, including pernicious anemia. Rate the underlying condition.	
7308 Postgastrectomy syndromes: Severe; associated with nausea, sweating, circulatory disturbance after meals, diarrhea, hypoglycemic symptoms, and weight loss with malnutrition and anemia	60
Moderate; less frequent episodes of epigastric disorders with characteristic mild circulatory symptoms after meals but with diarrhea and weight loss	40
Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations	20
7309 Stomach, stenosis of. Rate as for gastric ulcer.	
7310 Stomach, injury of, residuals. Rate as peritoneal adhesions.	
7311 Liver, injury of. With residual disability, rate as peritoneal adhesions.	
Healed, no residuals	0
7312 Liver, cirrhosis of: Pronounced; aggravation of the symptoms for moderate and severe, necessitating frequent tapping	100
Severe; ascites requiring infrequent tapping, or recurrent hemorrhage from esophageal varices, aggravated symptoms and impaired health	70

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	Rat- ing		Rat- ing
Moderately severe; liver definitely enlarged with abdominal distention due to early ascites and with muscle wasting and loss of strength	50	With marked interference with absorption and nutrition, manifested by severe impairment of health objectively supported by examination findings including material weight loss	60
Moderate; with dilation of superficial abdominal veins, chronic dyspepsia, slight loss of weight or impairment of health	30	With definite interference with absorption and nutrition, manifested by impairment of health objectively supported by examination findings including definite weight loss	40
7313 Liver, abscess of, residuals:		Symptomatic with diarrhea, anemia and inability to gain weight	20
With severe symptoms	30	NOTE: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.	
With moderate symptoms	20	7329 Intestine, large, resection of:	
7314 Cholecystitis, chronic:		With severe symptoms, objectively supported by examination findings	40
Severe; frequent attacks of gall bladder colic	30	With moderate symptoms	20
Moderate; gall bladder dyspepsia, confirmed by X-ray technique, and with infrequent attacks (not over two or three a year) of gall bladder colic, with or without jaundice	10	With slight symptoms	10
Mild	0	NOTE: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.	
7315 Cholelithiasis, chronic.		7330 Intestine, fistula of, persistent, or after attempt at operative closure:	
Rate as for chronic cholecystitis.		Copious and frequent, fecal discharge	100
7316 Cholangitis, chronic.		Constant or frequent, fecal discharge	60
Rate as for chronic cholecystitis.		Slight infrequent, fecal discharge	30
7317 Gall bladder, injury of.		Healed; rate for peritoneal adhesions.	
Rate as for peritoneal adhesions.		7331 Peritonitis, tuberculous, active or inactive:	
7318 Gall bladder, removal of:		Active	100
With severe symptoms	30	Inactive: See §§ 4.88b and 4.89.	
With mild symptoms	10	7332 Rectum and anus, impairment of sphincter control:	
Nonsymptomatic	0	Complete loss of sphincter control	100
Spleen, disease or injury of.		Extensive leakage and fairly frequent involuntary bowel movements	60
See Hemis and Lymphatic Systems.		Occasional involuntary bowel movements, necessitating wearing of pad	30
7319 Irritable colon syndrome (spastic colitis, mucous colitis, etc.):		Constant slight, or occasional moderate leakage	10
Severe; diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress	30	Healed or slight, without leakage	0
Moderate; frequent episodes of bowel disturbance with abdominal distress	10	7333 Rectum and anus, stricture of:	
Mild; disturbances of bowel function with occasional episodes of abdominal distress	0	Requiring colostomy	100
7321 Amebiasis:		Great reduction of lumen, or extensive leakage ..	50
Mild gastrointestinal disturbances, lower abdominal cramps, nausea, gaseous distention, chronic constipation interrupted by diarrhea	10	Moderate reduction of lumen, or moderate constant leakage	30
Asymptomatic	0	7334 Rectum, prolapse of:	
NOTE: Amebiasis with or without liver abscess is parallel in symptomatology with ulcerative colitis and should be rated on the scale provided for the latter. Similarly, lung abscess due to amebiasis will be rated under the respiratory system schedule, diagnostic code 6809.		Severe (or complete), persistent	50
7322 Dysentery, bacillary.		Moderate, persistent or frequently recurring	30
Rate as for ulcerative colitis..		Mild with constant slight or occasional moderate leakage	10
7323 Colitis, ulcerative:		7335 Ano, fistula in.	
Pronounced; resulting in marked malnutrition, anemia, and general debility, or with serious complication as liver abscess	100	Rate as for impairment of sphincter control.	
Severe; with numerous attacks a year and malnutrition, the health only fair during remissions	60	7336 Hemorrhoids, external or internal:	
Moderately severe; with frequent exacerbations	30	With persistent bleeding and with secondary anemia, or with fissures	20
Moderate; with infrequent exacerbations	10	Large or thrombotic, irreducible, with excessive redundant tissue, evidencing frequent recurrences	10
7324 Distomiasis, intestinal or hepatic:		Mild or moderate	0
Severe symptoms	30	7337 Pruritus ani.	
Moderate symptoms	10	Rate for the underlying condition.	
Mild or no symptoms	0	7338 Hernia, inguinal:	
7325 Enteritis, chronic.		Large, postoperative, recurrent, not well supported under ordinary conditions and not readily reducible, when considered inoperable	60
Rate as for irritable colon syndrome.		Small, postoperative recurrent, or unoperated irreducible, not well supported by truss, or not readily reducible	30
7326 Enterocolitis, chronic.		Postoperative recurrent, readily reducible and well supported by truss or belt	10
Rate as for irritable colon syndrome.		Not operated, but remediable	0
7327 Diverticulitis.		Small, reducible, or without true hernia protrusion	0
Rate as for irritable colon syndrome, peritoneal adhesions, or colitis, ulcerative, depending upon the predominant disability picture.			
7328 Intestine, small, resection of:			

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NOTE: Add 10 percent for bilateral involvement, provided the second hernia is compensable. This means that the more severely disabling hernia is to be evaluated, and 10 percent, only, added for the second hernia, if the latter is of compensable degree.	
7339 Hernia, ventral, postoperative:	
Massive, persistent, severe diastasis of recti muscles or extensive diffuse destruction or weakening of muscular and fascial support of abdominal wall so as to be inoperable	100
Large, not well supported by belt under ordinary conditions	40
Small, not well supported by belt under ordinary conditions, or healed ventral hernia or post-operative wounds with weakening of abdominal wall and indication for a supporting belt	20
Wounds, postoperative, healed, no disability, belt not indicated	0
7340 Hernia, femoral.	
Rate as for inguinal hernia.	
7342 Visceroptosis, symptomatic, marked	10
7343 New growths, malignant, exclusive of skin growths	100
NOTE: The rating under diagnostic code 7343 will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or metastases, the rating will be made on residuals.	
7344 New growths, benign, any specified part of digestive system, exclusive of skin growths.	
The rating will be based on interference with digestion, using any applicable digestive analogy.	
7345 Hepatitis, infectious:	
With marked liver damage manifest by liver function test and marked gastrointestinal symptoms, or with episodes of several weeks duration aggregating three or more a year and accompanied by disabling symptoms requiring rest therapy	100
With moderate liver damage and disabling recurrent episodes of gastrointestinal disturbance, fatigue, and mental depression	60
Minimal liver damage with associated fatigue, anxiety, and gastrointestinal disturbance of lesser degree and frequency but necessitating dietary restriction or other therapeutic measures	30
Demonstrable liver damage with mild gastrointestinal disturbance	10
Healed, nonsymptomatic	0
7346 Hernia hiatal:	
Symptoms of pain, vomiting, material weight loss and hematemesis or melena with moderate anemia; or other symptom combinations productive of severe impairment of health	60
Persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health	30
With two or more of the symptoms for the 30 percent evaluation of less severity	10
7347 Pancreatitis:	
With frequently recurrent disabling attacks of abdominal pain with few pain free intermissions and with steatorrhea, malabsorption, diarrhea and severe malnutrition	100

	Rat- ing
With frequent attacks of abdominal pain, loss of normal body weight and other findings showing continuing pancreatic insufficiency between acute attacks	60
Moderately severe; with at least 4–7 typical attacks of abdominal pain per year with good remission between attacks	30
With at least one recurring attack of typical severe abdominal pain in the past year	10
NOTE 1: Abdominal pain in this condition must be confirmed as resulting from pancreatitis by appropriate laboratory and clinical studies.	
NOTE 2: Following total or partial pancreatectomy, rate under above, symptoms, minimum rating 30 percent.	
7348 Vagotomy with pyloroplasty or gastro-enterostomy:	
Followed by demonstrably confirmative post-operative complications of stricture or continuing gastric retention	40
With symptoms and confirmed diagnosis of alkaline gastritis, or of confirmed persisting diarrhea	30
Recurrent ulcer with incomplete vagotomy	20
NOTE: Rate recurrent ulcer following complete vagotomy under diagnostic code 7305, minimum rating 20 percent; and rate dumping syndrome under diagnostic code 7308.	

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THE GENITOURINARY SYSTEM

§ 4.115 Nephritis.

Albuminuria alone is not nephritis, nor will the presence of transient albumin and casts following acute febrile illness be taken as nephritis. The glomerular type of nephritis is usually preceded by or associated with severe infectious disease; the onset is sudden, and the course marked by red blood cells, salt retention, and edema; it may clear up entirely or progress to a chronic condition. The nephrosclerotic type, originating in hypertension or arteriosclerosis, develops slowly, with minimum laboratory findings, and is associated with natural progress. Separate ratings are not to be assigned for disability from disease of the heart and any form of nephritis, on account of the close interrelationships of cardiovascular disabilities. If, however, absence of a kidney is the sole renal disability, even if removal was required because of nephritis, the absent kidney and any hypertension or heart disease will be separately rated. Also, in the event that chronic renal disease has progressed to the point where regular